

cs 1/6/03
HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
WOODS	LYNNE	EDITH	808 871 7711
MAILING ADDRESS (Street)			FAX
373 KOLOHALA DRIVE			
(City)	(State)	(Zip Code)	
KULA	HI	96790	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAUI CHAMBER OF COMMERCE			808 871 7711
MAILING ADDRESS (Street)			FAX
250 ALAMAHA STREET, N16A			808 871 6028
(City)	(State)	(Zip Code)	
KAHULUI	HI	96732	

PART II ORGANIZATION

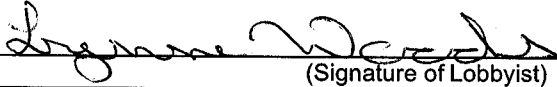
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
MAUI CHAMBER OF COMMERCE	808 871 7711	
MAILING ADDRESS (Street)	FAX	
250 ALAMAHA STREET, N16A	808 871-6028	
(City)	(State)	(Zip Code)
KAHULUI	HI	96732
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
VIRGINIA GANNON - MAUI CHAMBER OF COMMERCE	808 871 7711	
MAILING ADDRESS (Street)	FAX	
250 ALAMAHA STREET, N16A	808 871 6028	
(City)	(State)	(Zip Code)
KAHULUI	HI	96732

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

December 18, 2002
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Steve Williams		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice Chair	
NAME OF ORGANIZATION (if applicable) Maui Chamber of Commerce		TELEPHONE 808 871 7711	
MAILING ADDRESS (Street) 250 Alamaha Street, N16A		FAX 808 871-6028	
(City) Kahului,	(State) HI	(Zip Code) 96732	

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

12/17/02
(Date)